

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**STATE OF INDIANA, COUNTY OF HOWARD**

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

### **SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER**

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Signature of Member	Printed Name	Capacity
x _____	_____	_____

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature of Notary / Recorder	Printed Name	County of Residence
_____	_____	_____

Notaries Only – My Commission Expires: \_\_\_\_\_ SEAL

Form Prepared By: \_\_\_\_\_

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Print Name \_\_\_\_\_